
State:	Arkansas	Filing Company:	Colorado Bankers Life Insurance Company
TOI/Sub-TOI:	H02I Individual Health - Accident Only/H02I.000 Health - Accident Only		
Product Name:	MIB Revision - PPP Application		
Project Name/Number:	MIB Revision - PPP Application/		

Filing at a Glance

Company:	Colorado Bankers Life Insurance Company
Product Name:	MIB Revision - PPP Application
State:	Arkansas
TOI:	H02I Individual Health - Accident Only
Sub-TOI:	H02I.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	01/09/2013
SERFF Tr Num:	FDLB-128842243
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	

Implementation	On Approval
Date Requested:	
Author(s):	Howard Moy
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	01/14/2013
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only
Product Name: MIB Revision - PPP Application
Project Name/Number: MIB Revision - PPP Application/
Filing Company: Colorado Bankers Life Insurance Company

General Information

Project Name: MIB Revision - PPP Application

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Howard Moy

Filing Description:

TO BE FILED:

Form Number: CBL A/O 12-12

Description: Individual Accident Only Application

REPLACES:

Form Number: CBL A/O 1/98

Date Previously Approved: 4/26/1998

Dear Reviewer,

On behalf of our subsidiary, Colorado Bankers Life Insurance Company (CBL), we are submitting the above application listed under "To Be Filed." This application replaces the application listed under "Replaces."

The new form differs from its prior version by the insertion of verbiage requested by the Medical Information Bureau (MIB) in the authorization section of the form. For ease of review, we have provided a "redline" version of the form in which we have highlighted the revised wording (in green) in addition to providing a copy of the form in its final format (without highlights).

The final form is subject only to changes in formatting (font style, margins, page numbers, ink and paper stock). Printing standards will not be lower than those required under the laws of your State.

In addition to the captioned form, we have included an authorization letter signed by an officer of CBL for this filing.

We hope that all is in order with this filing. If you have questions or comments regarding this matter, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

Howard Moy,
1020 31st Street
Downers Grove, IL 60135

howard_moy@dearbornnational.com
630-824-6702 [Phone]

State: Arkansas **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only
Product Name: MIB Revision - PPP Application
Project Name/Number: MIB Revision - PPP Application/

Filing Company Information

Colorado Bankers Life Insurance
Company
5990 Greenwood Plaza Blvd.,
#325
Greenwood Village, CO 80111
(303) 220-8500 ext. [Phone]

CoCode: 84786
Group Code: 917
Group Name:
FEIN Number: 84-0674027

State of Domicile: Colorado
Company Type: Life and
Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 application @ \$50
Per Company: No

Company	Amount	Date Processed	Transaction #
Colorado Bankers Life Insurance Company	\$50.00	01/09/2013	66391976

SERFF Tracking #:	<i>FDLB-128842243</i>	State Tracking #:	Company Tracking #:
State:	<i>Arkansas</i>	Filing Company:	<i>Colorado Bankers Life Insurance Company</i>
TOI/Sub-TOI:	<i>H021 Individual Health - Accident Only/H021.000 Health - Accident Only</i>		
Product Name:	<i>MIB Revision - PPP Application</i>		
Project Name/Number:	<i>MIB Revision - PPP Application/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/14/2013	01/14/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/10/2013	01/10/2013

Response Letters

Responded By	Created On	Date Submitted
Howard Moy	01/14/2013	01/14/2013

State:	Arkansas	Filing Company:	Colorado Bankers Life Insurance Company
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	MIB Revision - PPP Application		
Project Name/Number:	MIB Revision - PPP Application/		

Disposition

Disposition Date: 01/14/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Redline form	Approved-Closed	Yes
Supporting Document	Authorization letter	Approved-Closed	Yes
Supporting Document	Fraud Notice	Approved-Closed	Yes
Form	Individual Accident Only Applilcation	Approved-Closed	Yes

State: Arkansas **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only
Product Name: MIB Revision - PPP Application
Project Name/Number: MIB Revision - PPP Application/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/10/2013
Submitted Date	01/10/2013
Respond By Date	

Dear Howard Moy,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Individual Accident Only Applilcation, CBL A/O 12-12 (Form)

Comments:

As required by ACA 23-66-503 and our Bulletin 7-97, the application must contain a Fraud Statement.

Thank you for your cooperation in this matter.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State:	Arkansas	Filing Company:	Colorado Bankers Life Insurance Company
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	MIB Revision - PPP Application		
Project Name/Number:	MIB Revision - PPP Application/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/14/2013
Submitted Date	01/14/2013

Dear Rosalind Minor,

Introduction:

Thank you for your recent letter regarding this filing.

Response 1

Comments:

In order to comply with this requirement, we have attached a copy of the Fraud Notice that is provided to all applicants at the time of application.

Related Objection 1

Applies To:

- Individual Accident Only Applilcation, CBL A/O 12-12 (Form)

Comments:

As required by ACA 23-66-503 and our Bulletin 7-97, the application must contain a Fraud Statement.

Thank you for your cooperation in this matter.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Fraud Notice
Comments:	
Attachment(s):	
Fraud Warning Notices.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this response addresses your concern on this filing. Thanks again for your prompt attention to this matter.

Sincerely,

Howard Moy

State:	Arkansas	Filing Company:	Colorado Bankers Life Insurance Company
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	MIB Revision - PPP Application		
Project Name/Number:	MIB Revision - PPP Application/		

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/14/2013	Individual Accident Only Applilcation	CBL A/O 12-12	AEF	Initial			CBL A-O 12-12 final.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

INDIVIDUAL ACCIDENT-ONLY POLICY

1. Proposed Insured: First Name_____ M. Initial_____ Last Name_____

2. Residence: Street & No._____ City_____ State_____ Zip_____

Home Phone_____ Date of Birth_____ Age Nearest Birthday_____ Place of Birth_____ Sex_____ S.S.#_____

3a. Name of Employer_____ b. Exact Job Duties_____ c. Employment Date_____

4. Name of Beneficiary_____ Relationship to Proposed Insured _____

5. Complete this section if other eligible family members of the Proposed Insured are to be covered

Name of Family Members to be covered	Sex	Relationship to Proposed Insured	Age	Date of Birth

6. Plan Requested

☐ Individual Coverage

☐ Family Coverage

Number of Units

☐ 1

☐ 2

☐ 3

7. Premium Payable

☐ Weekly

☐ Bi-Weekly

☐ Semi-Monthly

☐ Monthly

☐ Other_____

☐ Modal Premium \$_____

8. Is there any existing monthly income/hospital income Insurance in force on the Proposed Insured or any eligible family member to be covered?
☐ Yes ☐ No If yes, give names(s) of the company issuing the insurance, type and amount of coverage. _____

9. Earned income is the total annual salary or wages, commissions, fees and other earned income, reduced by regular business expenses, but before all other deductions.

10. Earned Income: At the current monthly rate of \$_____ or current hourly rate of \$_____

11. Does your unearned income exceed \$5,000 per year? ☐ Yes ☐ No If YES, give sources and amounts_____

12. Have you been hospitalized for more than 5 days or been absent from work due to an accident or sickness for more than 5 consecutive work days during the past 12 months? ☐ Yes ☐ No If YES, please explain_____

Explain YES answers

13. Have you been treated for injuries suffered on or off the job within the past 12 months? ☐ Yes ☐ No

14. Are you currently under the care of a physician? ☐ Yes ☐ No

15. Do you have any residual problems as a result of injuries that occurred during the past 12 months? ☐ Yes ☐ No

16. Name and address of your personal physician and date last consulted_____

Insurance shall take effect on the application date. However, it is understood that the company shall incur no liability because of this applica- - tion unless and until it is approved by the Company and the first premium is paid or that an authorization for payroll deductions has been signed by the applicant while the health and other conditions affecting the insurability of the Proposed Insured are as described in the application. No change in amount, classification, plan of insurance, or benefits shall be effective unless agreed to in writing by the Proposed Insured. I hereby acknowledge receipt of the disclosure statement required by the Fair Credit Reporting Act.

I hereby authorize any physician, medical practitioner, hospital, clinic, Health Maintenance Organization, including Mayo, Kaiser Foundation, Veterans Administration, or other medical related facility, insurance company, MIB, Inc., or any organization, institute, or person that has any record or knowledge of me or my family, or our health, medical history or physical condition, to give to Colorado Bankers Life Insurance Company (CBL) or its reinsurer any such information including psychiatric histories and to testify as to such information. I also authorize

CBL, or its reinsurers, to make a brief report of my Protected Health Information available to MIB, Inc.

This authorization is valid for thirty (30) months after the date it is signed. A photostatic copy of this authorization shall be valid as the original.

Dated at _____ this _____ day of _____ , _____
City State

Witnessed by _____
Licensed Resident Agent Proposed Insured Signature

SERFF Tracking #:	FDLB-128842243	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Colorado Bankers Life Insurance Company
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	MIB Revision - PPP Application		
Project Name/Number:	MIB Revision - PPP Application/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/14/2013
Comments:			
Attachment(s):			
AR Compliance Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/14/2013
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	01/14/2013
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	01/14/2013
Bypass Reason:	N/A		

		Item Status:	Status Date:
Satisfied - Item:	Redline form	Approved-Closed	01/14/2013
Comments:			
Attachment(s):			
CBL A-O 12-12 redline.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization letter	Approved-Closed	01/14/2013
Comments:			
Attachment(s):			
Auth ltr-PPP.pdf			

SERFF Tracking #:	<i>FDLB-128842243</i>	State Tracking #:	Company Tracking #:
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State:	<i>Arkansas</i>	Filing Company:	<i>Colorado Bankers Life Insurance Company</i>
TOI/Sub-TOI:	<i>H021 Individual Health - Accident Only/H021.000 Health - Accident Only</i>		
Product Name:	<i>MIB Revision - PPP Application</i>		
Project Name/Number:	<i>MIB Revision - PPP Application/</i>		

		Item Status:	Status Date:
Satisfied - Item:	Fraud Notice	Approved-Closed	01/14/2013
Comments:			
Attachment(s):			
Fraud Warning Notices.pdf			

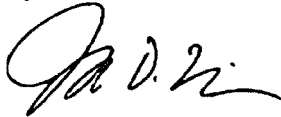
COLORADO BANKERS LIFE INSURANCE COMPANY

CERTIFICATION OF COMPLIANCE

FORM(S): CBL A/O 12-12

I, Joseph D. Weiser, President of Colorado Bankers Life Insurance Company, hereby certify that, to the best of my knowledge, this submission meets the provisions of Rule & Regulation 19, Rule & Regulation 49, ACA 23-80-206 and ACA 23-79-138, as well as all applicable requirements of the Arkansas Department of Insurance.

By:

A handwritten signature in black ink, appearing to read "J.D. Weiser", written in a cursive style.

Joseph D. Weiser,
President,
Colorado Bankers Life Insurance Company

Date: January 9, 2013

INDIVIDUAL ACCIDENT-ONLY POLICY

1. Proposed Insured: First Name _____ M. Initial _____ Last Name _____

2. Residence: Street & No. _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age Nearest Birthday _____ Place of Birth _____ Sex _____ S.S.# _____

3a. Name of Employer _____ b. Exact Job Duties _____ c. Employment Date _____

4. Name of Beneficiary _____ Relationship to Proposed Insured _____

5. Complete this section if other eligible family members of the Proposed Insured are to be covered

Name of Family Members to be covered	Sex	Relationship to Proposed Insured	Age	Date of Birth

6. Plan Requested

☐ Individual Coverage

☐ Family Coverage

Number of Units

☐ 1

☐ 2

☐ 3

7. Premium Payable

☐ Weekly

☐ Bi-Weekly

☐ Semi-Monthly

☐ Monthly

☐ Other _____

☐ Modal Premium \$ _____

8. Is there any existing monthly income/hospital income Insurance in force on the Proposed Insured or any eligible family member to be covered?
☐ Yes ☐ No If yes, give names(s) of the company issuing the insurance, type and amount of coverage. _____

9. Earned income is the total annual salary or wages, commissions, fees and other earned income, reduced by regular business expenses, but before all other deductions.

10. Earned Income: At the current monthly rate of \$ _____ or current hourly rate of \$ _____

11. Does your unearned income exceed \$5,000 per year? ☐ Yes ☐ No If YES, give sources and amounts _____

12. Have you been hospitalized for more than 5 days or been absent from work due to an accident or sickness for more than 5 consecutive work days during the past 12 months? ☐ Yes ☐ No If YES, please explain _____

Explain YES answers

13. Have you been treated for injuries suffered on or off the job within the past 12 months? ☐ Yes ☐ No

14. Are you currently under the care of a physician? ☐ Yes ☐ No

15. Do you have any residual problems as a result of injuries that occurred during the past 12 months? ☐ Yes ☐ No

16. Name and address of your personal physician and date last consulted _____

Insurance shall take effect on the application date. However, it is understood that the company shall incur no liability because of this applica- - tion unless and until it is approved by the Company and the first premium is paid or that an authorization for payroll deductions has been signed by the applicant while the health and other conditions affecting the insurability of the Proposed Insured are as described in the application. No change in amount, classification, plan of insurance, or benefits shall be effective unless agreed to in writing by the Proposed Insured. I hereby acknowledge receipt of the disclosure statement required by the Fair Credit Reporting Act.

I hereby authorize any physician, medical practitioner, hospital, clinic, Health Maintenance Organization, including Mayo, Kaiser Foundation, Veterans Administration, or other medical related facility, insurance company, MIB, Inc., or any organization, institute, or person that has any record or knowledge of me or my family, or our health, medical history or physical condition, to give to Colorado Bankers Life Insurance Company (CBL) or its reinsurer any such information including psychiatric histories and to testify as to such information. I also authorize

CBL, or its reinsurers, to make a brief report of my Protected Health Information available to MIB, Inc.

This authorization is valid for thirty (30) months after the date it is signed. A photostatic copy of this authorization shall be valid as the original.

Dated at _____ this _____ day of _____ , _____
City State

Witnessed by _____
Licensed Resident Agent Proposed Insured Signature



January 9, 2013

Re:
Colorado Bankers Life Insurance Company
NAIC #84786 - FEIN #84-0674027
MIB Revision for Individual Application CBL A/O 12-12

Dear Reviewer:

I authorize Dearborn National Life Insurance Company to file the captioned form(s) on behalf of Colorado Bankers Life Insurance Company.

Very truly yours,

A handwritten signature in black ink, appearing to read "J.D. Weiser".

Joseph D. Weiser
President,
Colorado Bankers Life Insurance Company

5990 Greenwood Plaza Boulevard, Greenwood Village, Colorado 80111
Toll Free: 800.367.7814 ▲ Fax: 303.220.8056 ▲ www.dearbornnational.com

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Colorado Bankers Life Insurance Company® (Greenwood Village, CO), licensed in 48 states (excluding New York and Vermont where it is not licensed and does not solicit business), the District of Columbia and Guam.

FRAUD NOTICES

The laws of some states require us to furnish you with the following notice:

Alabama – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana, Massachusetts, Rhode Island – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All Other States – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Products and services marketed under the Dearborn National® brand and Star logo are underwritten and/or provided by Colorado Bankers Life Insurance Company®